

CITY COUNCIL REPORT



Meeting Date: April 14, 2015
General Plan Element: *Land Use*
General Plan Goal: *Support a diversity of businesses*

ACTION

Beer and Wine Bar Liquor License Request for Brat Haus 30-LL-2015. To consider forwarding a recommendation of approval to the Arizona Department of Liquor Licenses and Control for a Person and Location transfer of a Series 7 (beer and wine bar) State liquor license for an existing location and owner to add a new license series.

OWNER

Brat Haus, LLC

APPLICANT CONTACT

David Joseph Andrea

LOCATION

3622 N Scottsdale Rd

BACKGROUND

This request is for a Person and Location transfer of a Series 7 (beer and wine bar) liquor license. This has been a licensed location since 1197, currently operating with a series 12 (restaurant) liquor license as Brat Haus. Brat Haus will continue to operate as a restaurant, the series 7 allows for packaged retail.

The zoning for this site is Highway Commercial District Downtown Overlay (C-3 DO) and Downtown Office Commercial Type 2 Downtown Overlay (D/OC-2 DO), which allows restaurant as a permitted use. This establishment is 3,050 sq. ft. including two existing patios.

The distance to the nearest school, Our Lady of Perpetual Help, is 3,115 feet.

The distance to the nearest religious facility, First Baptist Church, is 1,425 feet.

APPLICANT'S PROPOSAL

The applicant is seeking a favorable recommendation on a Person Transfer of a Series 7 (beer and wine bar) liquor license. This allows a beer and wine bar retailer to sell and serve beer and wine, primarily by individual portions, to be consumed on the premises and in the original container for consumption on or off the premises. The applicant has indicated that this establishment will serve liquor between the hours of 11:00 a.m. to 12:00 a.m.; however, due to State liquor license processing requirements, they are not required to notify the City or the State if they change their hours of operation.

PETITIONS FROM PERSONS IN CLOSE PROXIMITY

The applicant has maintained the required posting notice for the State mandated 20-day period. No petitions or protests pursuant to A.R.S. 4-201.B. were received during the 20 (twenty) day posting period.

IMPACT ANALYSIS

Current Planning Department.

There will not be any significant changes to the floor plan.

A.R.S. Section 4-205.02.1 and R19-206 Criteria for Restaurant Operations.

This owner intends to continue operating this location as a restaurant. Staff has assessed the applicant's responses to the State's Restaurant Operation Plan categories: Personnel, Equipment, Menu, Live Entertainment, Bar Games/Televisions, Name of Establishment, Bar Seating Area and Dinnerware. Staff finds that the establishment is designed and intended to operate as a restaurant. The bar service area is 153 sq. ft. (5%) of gross floor area, and the kitchen area is 900 sq. ft. (30%) of the gross floor area. The operational characteristics and floor plan qualify as a restaurant.

Public Safety Division.

Police Department: Recommendation No Opposition

Major life safety issues: None noted.

Code Enforcement: There are no current cases of code violations at this time relevant to the liquor license.

STATE GUIDELINES FOR CONSIDERING AN APPLICATION

A.R.S. Section 4-203.A Granting a License for a New Owner for a Certain Location.

A spirituous liquor license shall be issued only after satisfactory showing of the capability, qualifications and reliability of the applicant and, with the exception of wholesaler, producer, government or club licensees, that the public convenience requires and that the best interest of the community will be substantially served by the issuance. If an application is filed for the issuance of a transferable or nontransferable license, other than for a craft distiller license, a microbrewery license or a farm winery license, for a location that on the date the application is filed has a valid

license of the same series, or in the case of a restaurant license application filed for a location with a valid hotel-motel license, issued at that location, there shall be a rebuttable presumption that the public convenience and best interest of the community at that location was established at the time the location was previously licensed. The presumption may be rebutted by competent contrary evidence. The presumption shall not apply once the licensed location has not been in use for more than one hundred eighty days and the presumption shall not extend to the personal qualifications of the applicant.

COUNCIL OPTIONS & STAFF RECOMMENDATION

Council Options

The City Council has the option of recommending approval, disapproval or no recommendation to the Arizona Department of Liquor Licenses and Control.

Staff Recommendation

The City of Scottsdale staff has conducted a review and advises that the license request meets the criteria imposed for determining the capability, qualifications and reliability of the applicant.

Next Steps

The City Council's recommendation of approval, disapproval or no recommendation will be forwarded to the Department of Liquor Licenses and Control for their consideration. If the application is approved by the Department of Liquor Licenses and Control, the applicant should receive their license from the State within 105 days of original application.

RESPONSIBLE DEPARTMENT(S)

Teri Gleason, Planning Assistant, tgleason@scottsdaleaz.gov
Planning and Development Services

James Wasson, Lieutenant, Special Assignment, jwasson@scottsdaleaz.gov
Public Safety Division

Raun Keagy, Neighborhood Planning Director, rkeagy@scottsdaleaz.gov
Planning and Development Services

APPROVED BY



Tim Curtis, AICP, Current Planning Director
480-312-4210, tcurtis@scottsdaleaz.gov

3/18/2015

Date



Randy Grant, Director
Planning and Development Services
480-312-2664, rgrant@scottsdaleaz.gov

3/18/15

Date

ATTACHMENTS

- #1: Aerial Map
- #2: Close-up Aerial Map
- #3: City of Scottsdale Applicant Questionnaire
- #4: State Application



30-LL-2015

Brat Haus



Q.S.
16-44

G.I.S. ORTHOPHOTO 2013

30-LL-2015

Brat Haus



Liquor License Questionnaire

Restaurants & Bars (Series 11, 12, 6, 3, 7, 13)

Please complete all questions and return within 3 business days.

Name of Business: Brat Haus
Business Address: 3622 N. Scottsdale Rd.
Total Gross Square Footage of Establishment: 2400

Was liquor sold at this location prior to this application? ☒ Yes ☐ No

If **yes**, what type of license? 12

Is this business currently open? ☒ Yes ☐ No

If **yes**, is this business operating with an Interim license? ☐ Yes ☒ No

If **no**, what is the proposed opening date? _____

Is this business under construction or being remodeled? ☐ Yes ☒ No

Does this business have an existing patio? ☒ Yes ☐ No Dimensions of patio 50x70'

Does this business have a proposed patio? ☐ Yes ☒ No Dimensions of patio _____

For Restaurants, Bars and Restaurants/Bars:

Will the bar service area be in excess of 15% of the gross floor area? ☐ Yes* ☒ No

Gross square footage of bar service area: 200sf
(includes the floor area under indoor and outdoor bars and the floor area behind the bars used for storage, prep and serving of food or drinks)

Will the kitchen be less than 15% of the gross floor area? ☐ Yes* ☒ No

Gross square footage of kitchen: 600sf
(do not include refrigerators or areas used for storage of food or beverages)

During what hours will the establishment provide full kitchen service? 11am - 10pm daily

During what hours will the establishment offer liquor sales? 11am - 11pm daily

Will age verification be required/requested for admittance at any time during business operations? ☐ Yes* ☒ No

Is a cover charge required for admittance at any time during business operations? ☐ Yes* ☒ No

Will less than 40% of gross revenues be derived from the sale of prepared food? ☐ Yes* ☒ No

***May require a Conditional Use Permit**

Please check **one** of the following that best describes the primary business operation:

☒ packaged retail ☐ restaurant ☐ bar ☐ personal service ☐ education service

☐ manufacturing ☐ hotel / tourist accommodation ☐ residential facility ☐ sports / theater

Planning and Development Services

7447 E. Indian School Road, Suite 105, Scottsdale, AZ 85251 ♦ Phone: 480-312-7000 ♦ Fax: 480-312-7088



Liquor License Questionnaire

Restaurants & Bars (Series 11, 12, 6, 3, 7, 13)

Please complete all questions and return within 3 business days.

Will this business feature any of the following:

Patron Dancing?
Live Bands?
Amplified music?
Adult Entertainment?
After hours?

☐ Yes* ☒ No
☐ Yes* ☒ No
☐ Yes* ☒ No
☐ Yes* ☒ No
☐ Yes* ☒ No

Karaoke?
DJ?
Games?
Four or more pool tables?

☐ Yes* ☒ No
☐ Yes* ☒ No
☐ Yes* ☒ No
☐ Yes* ☒ No

*May require a Conditional Use Permit

Applicant Narrative:

ARS 4-201-G: In all proceedings before the governing body of a city or town, the Board of Supervisors of a County or the Board, the applicant bears the burden of showing that the public convenience requires and that the best interest of the community will be substantially served by the issuance of this license.

1. I have the capability, qualifications and reliability to hold a liquor license because:
I have owned and operated hospitality related businesses in Scottsdale since 1984

2. The public convenience requires and the best interest of the community will be substantially served by the issuance of the liquor license because:
The series 7 license will allow us to provide the public with growlers of specialty beers unan

3. Please describe your business:
Restaurant serving great food in a clean and fun environment

The City's forwarding of a recommendation to the AZ Department of Liquor Licenses and Control does not waive and is not a substitute for the Licensee's obligation to comply with all state, local and federal laws, policies and regulations applicable to the license. The Recommendation is not a permit or regulatory approval to hold any events or construct or demolish any improvements. Zoning processes, building permit processes, and similar regulatory requirements may apply to Licensee's contemplated Improvements and are completely separate from the Recommendation. Licensee shall be responsible to, separate and apart from this Recommendation, directly obtain all necessary permits and approvals from any and all governmental or other entities including the City's having standing or jurisdiction over the subject areas. For more information regarding zoning processes, building permit processes, and similar regulatory requirements and approvals please call 480-312-2611.

Print Name: DAVE ANDREA

Signature: 

Date: 3/12/15

Submit

Planning and Development Services

7447 E. Indian School Road, Suite 105, Scottsdale, AZ 85251 ♦ Phone: 480-312-7000 ♦ Fax: 480-312-7088

15 MAR 6 Lic. Lic. PM 1:40

Arizona Department of Liquor Licenses and Control

800 West Washington, 5th Floor

Phoenix, Arizona 85007

www.azliquor.gov

602-542-5141

APPLICATION FOR LIQUOR LICENSE

TYPE OR PRINT WITH BLACK INK

30-LL-2015

Notice: Effective Nov. 1, 1997, All Owners, Agents, Partners, Stockholders, Officers, or Managers actively involved in the day to day operations of the business must attend a Department approved liquor law training course or provide proof of attendance within the last five years. See page 5 of the Liquor Licensing requirements.

SECTION 1 This application is for a:

- ☐ MORE THAN ONE LICENSE
☐ INTERIM PERMIT **Complete Section 5**
☐ NEW LICENSE **Complete Sections 2, 3, 4, 13, 14, 15, 16**
☒ PERSON TRANSFER (Bars & Liquor Stores ONLY) **Complete Sections 2, 3, 4, 11, 13, 15, 16**
☒ LOCATION TRANSFER (Bars and Liquor Stores ONLY) **Complete Sections 2, 3, 4, 12, 13, 15, 16**
☐ PROBATE/WILL ASSIGNMENT/DIVORCE DECREE **Complete Sections 2, 3, 4, 9, 13, 16** (fee not required)
☐ GOVERNMENT **Complete Sections 2, 3, 4, 10, 13, 15, 16**

SECTION 2 Type of ownership:

- ☐ J.T.W.R.O.S. **Complete Section 6**
☐ INDIVIDUAL **Complete Section 6**
☐ PARTNERSHIP **Complete Section 6**
☐ CORPORATION **Complete Section 7**
☒ LIMITED LIABILITY CO. **Complete Section 7**
☐ CLUB **Complete Section 8**
☐ GOVERNMENT **Complete Section 10**
☐ TRUST **Complete Section 6**
☐ OTHER (Explain) _____

SECTION 3 Type of license and fees LICENSE #(s):

1. Type of License(s): Beer & Wine series 7

2. Total fees attached:

\$ 222.00

Department Use Only

APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE.

The fees allowed under A.R.S. 44-6852 will be charged for all dishonored checks.

SECTION 4 Applicant

1. Owner/Agent's Name: ☒ Mr. ANDREW DAVID JOSEPH
(Insert one name ONLY to appear on license) Last First Middle
2. Corp./Partnership/L.L.C.: BRAT HAUS, LLC P1020626
(Exactly as it appears on Articles of Inc. or Articles of Org.) B1048080
3. Business Name: BRAT HAUS B1004585
(Exactly as it appears on the exterior of premises)
4. Principal Street Location: 3622 N. SCOTTSDALE RD SCOTTSDALE MARICOPA 85251
(Do not use PO Box Number) City County Zip
5. Business Phone: 480 9474006 Daytime Phone: 602 7781274 Email: dave@brathausaz.com
6. Is the business located within the incorporated limits of the above city or town? ☒ YES ☐ NO
7. Mailing Address: 3622 N. Scottsdale Rd Scottsdale AZ 85251
City State Zip
8. Price paid for license only bar, beer and wine, or liquor store: Type 7 \$ 16000 Type _____ \$ _____

DEPARTMENT USE ONLY

Fees: \$200.00 — — \$22.00 \$ 222.00
Application Interim Permit Site Inspection Finger Prints
TOTAL OF ALL FEES

Is Arizona Statement of Citizenship & Alien Status For State Benefits complete? ☒ YES ☐ NO

Accepted by: OW Date: 3/6/15 Lic. # 07076004

SECTION 5 Interim Permit:

1. If you intend to operate business when your application is pending you will need an Interim Permit pursuant to A.R.S. 4-203.01.
2. There **MUST** be a valid license of the same type you are applying for currently issued to the location.
3. Enter the license number currently at the location. _____
4. Is the license currently in use? ☐ YES ☐ NO If no, how long has it been out of use? _____

ATTACH THE LICENSE CURRENTLY ISSUED AT THE LOCATION TO THIS APPLICATION.

I, _____, declare that I am the CURRENT OWNER, AGENT, CLUB MEMBER, PARTNER,
(Print full name)
MEMBER, STOCKHOLDER, OR LICENSEE (circle the title which applies) of the stated license and location.

State of _____ County of _____

X _____
(Signature)

The foregoing instrument was acknowledged before me this

____ day of _____
Day Month Year

My commission expires on: _____

(Signature of NOTARY PUBLIC)

SECTION 6 Individual or Partnership Owners:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

1. Individual:

Last	First	Middle	% Owned	Mailing Address	City State Zip

Partnership Name: (Only the first partner listed will appear on license) _____

General-Limited	Last	First	Middle	% Owned	Mailing Address	City State Zip
<input type="checkbox"/> <input type="checkbox"/>						
<input type="checkbox"/> <input type="checkbox"/>						
<input type="checkbox"/> <input type="checkbox"/>						
<input type="checkbox"/> <input type="checkbox"/>						

) Y R A S S E C E N F I

2. Is any person, other than the above, going to share in the profits/losses of the business? ☐ YES ☐ NO
If Yes, give name, current address and telephone number of the person(s). Use additional sheets if necessary.

Last	First	Middle	Mailing Address	City, State, Zip	Telephone#

SECTION 7 Corporation/Limited Liability Co.:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

- ☐ CORPORATION Complete questions 1, 2, 3, 5, 6, 7, and 8.
☒ L.L.C. Complete 1, 2, 4, 5, 6, 7, and 8.

1. Name of Corporation/L.L.C.: BRAT HAUS, LLC
(Exactly as it appears on Articles of Incorporation or Articles of Organization)
2. Date Incorporated/Organized: 9/1/11 State where Incorporated/Organized: ARIZONA
3. AZ Corporation Commission File No.: _____ Date authorized to do business in AZ: _____
4. AZ L.L.C. File No: L1705290-5 Date authorized to do business in AZ: 9-6-11
5. Is Corp./L.L.C. Non-profit? ☐ YES ☒ NO
6. List all directors, officers and members in Corporation/L.L.C.:

Last	First	Middle	Title	Mailing Address	City	State	Zip
THE RESTAURANT CONNECTION, LLC			Member	10110 N. 128th St	SCOTTSDALE	AZ	85259

(ATTACH ADDITIONAL SHEET IF NECESSARY)

7. List stockholders who are controlling persons or who own 10% or more:

Last	First	Middle	% Owned	Mailing Address	City	State	Zip
THE RESTAURANT CONNECTION, LLC			100%	10110 N. 128th St	SCOTTSDALE	AZ	85259

(ATTACH ADDITIONAL SHEET IF NECESSARY)

8. If the corporation/L.L.C. is owned by another entity, attach a percentage of ownership chart, and a director/officer/member disclosure for the parent entity. Attach additional sheets as needed in order to disclose personal identities of all owners.

SECTION 8 Club Applicants:

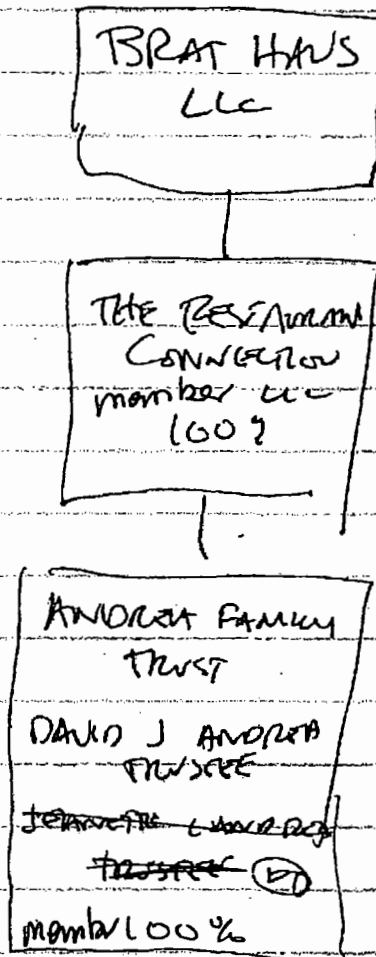
EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

1. Name of Club: _____ Date Chartered: _____
(Exactly as it appears on Club Charter or Bylaws) (Attach a copy of Club Charter or Bylaws)
2. Is club non-profit? ☐ YES ☐ NO
3. List officer and directors:

Last	First	Middle	Title	Mailing Address	City	State	Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

BRAT HAVS, LLC ownership flow chart



SECTION 9 Probate, Will Assignment or Divorce Decree of an existing Bar or Liquor Store License:

Current Licensee's Name: _____
Exactly as it appears on license) Last First Middle
15 MAR 6 Lic. Lic. PM 1:40
Assignee's Name: _____
Last First Middle
License Type: _____ License Number: _____ Date of Last Renewal: _____

ATTACH TO THIS APPLICATION A CERTIFIED COPY OF THE WILL, PROBATE DISTRIBUTION INSTRUMENT, OR DIVORCE DECREE THAT SPECIFICALLY DISTRIBUTES THE LIQUOR LICENSE TO THE ASSIGNEE TO THIS APPLICATION.

SECTION 10 Government: (for cities, towns, or counties only)

Governmental Entity: _____
Person/designee: _____
Last First Middle Contact Phone Number

A SEPARATE LICENSE MUST BE OBTAINED FOR EACH PREMISES FROM WHICH SPIRITUOUS LIQUOR IS SERVED.

SECTION 11 Person to Person Transfer:

Questions to be completed by CURRENT LICENSEE (Bars and Liquor Stores ONLY-Series 06,07, and 09).

Current Licensee's Name: KLEINLEIN BRANNON A Entity: AGENT
(Exactly as it appears on license) Last First Middle (Indiv., Agent, etc.)

Corporation/L.L.C. Name: LAST EXIT LIVE, LLC
(Exactly as it appears on license)

Current Business Name: LAST EXIT LIVE
(Exactly as it appears on license)

Physical Street Location of Business: Street 717 S CENTRAL AVE
City, State, Zip PHOENIX, AZ 85004

License Type: SER 07 License Number: 7070604

If more than one license to be transferred: License Type: N/A License Number: N/A

Current Mailing Address: Street 8226 E. FAIRMONT
(Other than business) City, State, Zip SCOTTSDALE, AZ 85251

Have all creditors, lien holders, interest holders, etc. been notified of this transfer? ☒ YES ☐ NO

Does the applicant intend to operate the business while this application is pending? ☐ YES ☒ NO If yes, complete Section 5 of this application, attach fee, and current license to this application.

0. I, BRANNON A KLEINLEIN, hereby authorize the department to process this application to transfer the
(print full name)
privilege of the license to the applicant, provided that all terms and conditions of sale are met. Based on the fulfillment of these conditions, I certify that the applicant now owns or will own the property rights of the license by the date of issue.

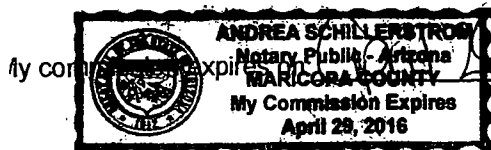
I, BRANNON A KLEINLEIN, declare that I am the CURRENT OWNER, AGENT, MEMBER, PARTNER
(print full name)

STOCKHOLDER, or LICENSEE of the stated license. I have read the above Section 11 and confirm that all statements are true, correct, and complete.

[Signature]

(Signature of CURRENT LICENSEE)

State of Arizona County of Maricopa
The foregoing instrument was acknowledged before me this
4th Day of March 2015
[Signature]
(Signature of NOTARY PUBLIC)



15 MAR 6 L19. Lic. PM 1 41

EXHIBIT "A"

BILL OF SALE

IN CONSIDERATION OF \$16,000 (sixteen thousand dollars), and other valuable consideration, receipt of which is hereby acknowledged, the **SELLER: Last Exit Live, LLC**

Hereby, grants, bargains, sell, and transfer unto the **BUYER: Brat Haus, LLC**

and his, her or their, personal representatives, or assigns, to have and to hold forever, the following described personal property, goods, or chattels:

State of Arizona Series # 7 Liquor License # 07076004

FURTHERMORE, SELLER warrants that he, she, or they are the lawful owner of said goods and hereby certifies, under oath, the he, she, or they have good right to sell the same as aforesaid, and that the above described property is free and clear of all claims, liens, and other encumbrances whatsoever, EXCEPT, as specified herein. Seller further agrees to warrant and defend same against the lawful claims and demands of all persons whomsoever.

DATED THIS March 4, 2015

SELLER: Last Exit Live, LLC

By: [Signature]

State of Arizona)
County of Maricopa) ss

On the 4th day of March, 2015, before me, the undersigned Notary Public, personally appeared Bramon A. Klein and that he being duly authorized to do so, executed the foregoing instrument for the sole purpose contained therein.

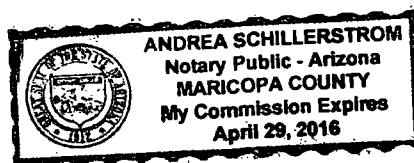
[Signature]
Notary Public

April 29th 2016
My Commission Expires

DATED AND ACCEPTED THIS 4 DAY OF March, 2015

BUYER:

By: [Signature]



15 MAR 6 144. LIC. PM 1 40

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES
AND CONTROL
ALCOHOLIC BEVERAGE LICENSE

License 07076004

Issue Date: 2/15/2013

Expiration Date: 2/29/2016

Issued To:

BRANNON A KLEINLEIN, Agent
LAST EXIT LIVE LLC, Owner

Beer & Wine Bar

Mailing Address:

BRANNON A KLEINLEIN
LAST EXIT LIVE LLC
LAST EXIT LIVE
8226 E FAIRMOUNT AVE
SCOTTSDALE, AZ 85251

Location:

LAST EXIT LIVE
717 S CENTRAL AVE
PHOENIX, AZ 85004

INACTIVE

EXP 2/29/2016



POST THIS LICENSE IN A CONSPICUOUS PLACE

SECTION 12 Location to Location Transfer: (Bars and Liquor Stores ONLY)

APPLICANTS CANNOT OPERATE UNDER A LOCATION TRANSFER UNTIL IT IS APPROVED BY THE STATE

15 MAR 6 11:41 AM

1. Current Business: Name LAST EXIT LIVE
(Exactly as it appears on license) Address 717 S CENTRAL AVENUE PHOENIX AZ 85004
2. New Business: Name BRAT HAUS
(Physical Street Location) Address 3622 N. SCOTTSDALE RD SCOTTSDALE AZ 85251
3. License Type: series 7 License Number: 07076004
4. If more than one license to be transferred: License Type: _____ License Number: _____
5. What date do you plan to move? UPON APPROVAL What date do you plan to open? UPON APPROVAL

SECTION 13 Questions for all in-state applicants excluding those applying for government, hotel/motel, and restaurant licenses (series 5, 11, and 12):

R.S. § 4-207 (A) and (B) state that no retailer's license shall be issued for any premises which are at the time the license application is received by the director, within three hundred (300) horizontal feet of a church, within three hundred (300) horizontal feet of a public or private school building with kindergarten programs or grades one (1) through (12) or within three hundred (300) horizontal feet of a fenced recreational area adjacent to such school building. The above paragraph DOES NOT apply to:

- a) Restaurant license (§ 4-205.02)
b) Hotel/motel license (§ 4-205.01)

- c) Government license (§ 4-205.03)
d) Fenced playing area of a golf course (§ 4-207 (B)(5))

1. Distance to nearest school: 3115 ft. Name of school OUR LADY OF PEPPERHILL MARIAN
Address 3801 N. MILLER SCOTTSDALE, AZ 85251
City, State, Zip
2. Distance to nearest church: 1425 ft. Name of church FIRST BAPTIST CHURCH SCOTTSDALE
Address 2107 E. MARSHALL, PHX AZ 85016
City, State, Zip
3. I am the: ☒ Lessee ☐ Sublessee ☐ Owner ☐ Purchaser (of premises)
4. If the premises is leased give lessors: Name PELCON - (MICHELLE BIELEY)
Address 4340 E. Indian School St 21-439 PHX, AZ 85018
City, State, Zip
- 4a. Monthly rental/lease rate \$ 6789⁰⁰ What is the remaining length of the lease 1 yrs. 4 mos.
- 4b. What is the penalty if the lease is not fulfilled? \$ NONE or other _____
(give details - attach additional sheet if necessary)
5. What is the total **business** indebtedness for this license/location excluding the lease? \$ 0
Please list lenders you owe money to.

Last	First	Middle	Amount Owed	Mailing Address	City	State	Zip
N/A							

(ATTACH ADDITIONAL SHEET IF NECESSARY)

6. What type of business will this license be used for (be specific)? RESTAURANT

SECTION 13 - continued

- Has a license or a transfer license for the premises on this application been denied by the state within the past one (1) year? 15 MAR 6, Lic. Lic. PM 1:41
☐ YES ☒ NO If yes, attach explanation.
- Does any spirituous liquor manufacturer, wholesaler, or employee have any interest in your business? ☐ YES ☒ NO
- Is the premises currently licensed with a liquor license? ☒ YES ☐ NO If yes, give license number and licensee's name:
- license # 12079124 (exactly as it appears on license) Name DAVID JOSEPH ANDREA
-

SECTION 14 Restaurant or hotel/motel license applicants:

1. Is there an existing restaurant or hotel/motel liquor license at the proposed location? ☐ YES ☐ NO
If yes, give the name of licensee, Agent or a company name: _____ and license #: _____
Last First Middle
2. If the answer to Question 1 is YES, you may qualify for an Interim Permit to operate while your application is pending; consult A.R.S. § 4-203.01; and complete SECTION 5 of this application.
3. All restaurant and hotel/motel applicants must complete a Restaurant Operation Plan (Form LIC0114) provided by the Department of Liquor Licenses and Control.
4. As stated in A.R.S. § 4-205.02.G.2, a restaurant is an establishment which derives at least 40 percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from all sales of food and spirituous liquor on the licensed premises. By applying for this ☐ hotel/motel ☐ restaurant license, I certify that I understand that I must maintain a minimum of 40 percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit (form LIC 1013) with this application.

applicant's signature

As stated in A.R.S. § 4-205.02 (B), I understand it is my responsibility to contact the Department of Liquor Licenses and Control to schedule an inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio barriers are in place on the licensed premises. With the exception of the patio barriers, these items are not required to be properly installed for this inspection. Failure to schedule an inspection will delay issuance of the license. If you are not ready for your inspection 90 days after filing your application, please request an extension in writing, specify why the extension is necessary, and the new inspection date you are requesting. To schedule your site inspection visit www.azliquor.gov and click on the "Information" tab.

applicants initials

SECTION 15 Diagram of Premises: (Blueprints not accepted, diagram must be on this form)

- Check ALL boxes that apply to your business:
- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Entrances/Exits | <input checked="" type="checkbox"/> Liquor storage areas | Patio: <input checked="" type="checkbox"/> Contiguous |
| <input type="checkbox"/> Service windows | <input type="checkbox"/> Drive-in windows | <input type="checkbox"/> Non Contiguous |
- Is your licensed premises currently closed due to construction, renovation, or redesign? ☐ YES ☒ NO
If yes, what is your estimated opening date? _____
month/day/year
- Restaurants and hotel/motel applicants are required to draw a detailed floor plan of the kitchen and dining areas including the locations of all kitchen equipment and dining furniture. Diagram paper is provided on page 7.
- The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spiritous liquor is to be sold, served, consumed, dispensed, possessed, or stored on the premises unless it is a restaurant (see #3 above).
- Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed premises such as parking lots, living quarters, etc.

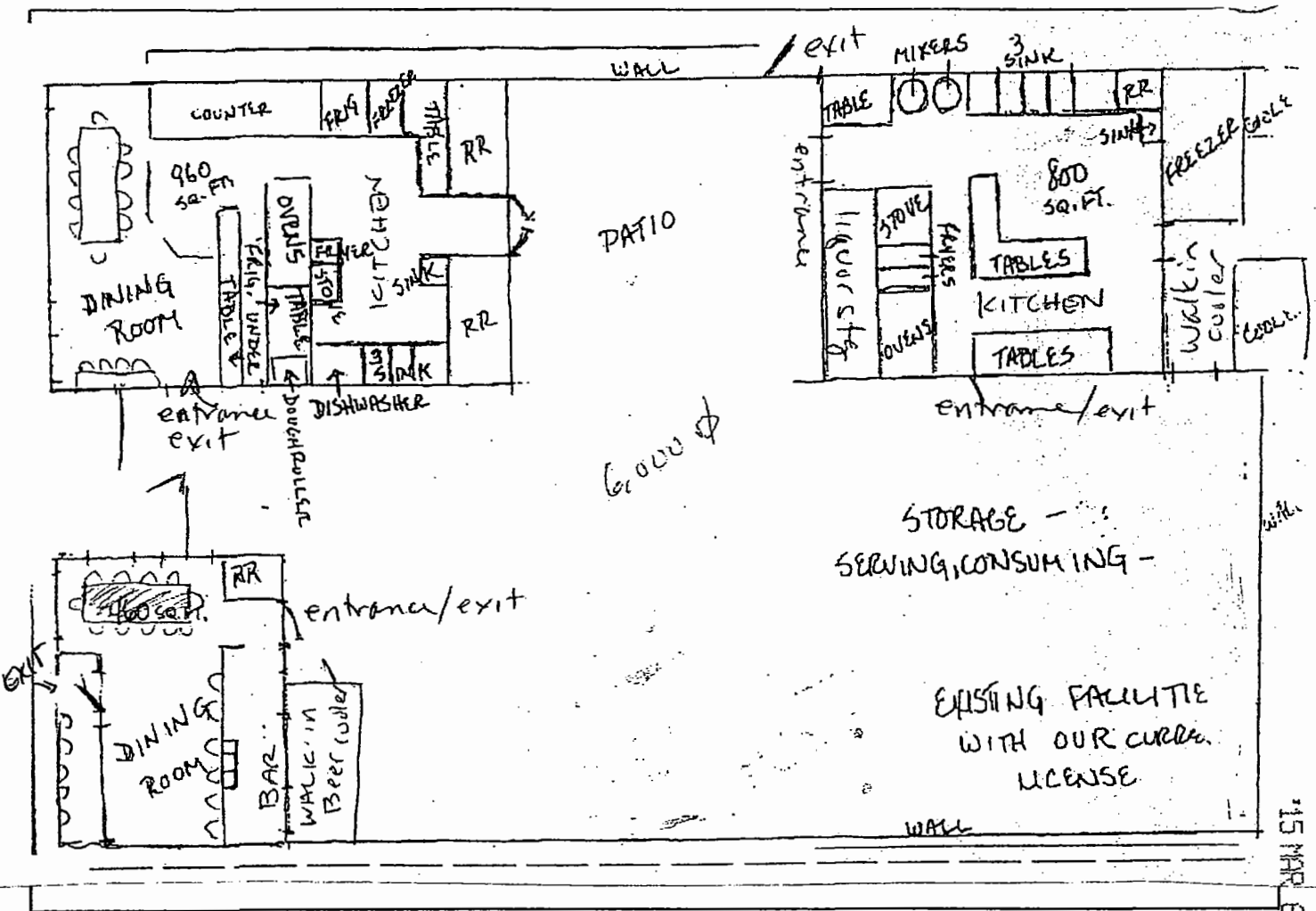
As stated in A.R.S. § 4-207.01(B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to boundaries, entrances, exits, added or deleted doors, windows or service windows, or increase or decrease to the square footage after submitting this initial drawing.

MF
applicants initials

SECTION 15 Diagram of Premises

4. In this diagram please show only the area where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, bar stools, hi-top tables, dining tables, dining chairs, the kitchen, dance floor, stage, and game room. Do not include parking lots, living quarters, etc. When completing diagram, North is up ↑.

If a legible copy of a rendering or drawing of your diagram of premises is attached to this application, please write the words "diagram attached" in box provided below.



SECTION 16 Signature Block

I, DAVID JOSEPH ANDRZEJA, hereby declare that I am the OWNER/AGENT filing this application as stated in Section 4, Question 1. I have read this application and verify all statements to be true, correct and complete.

X [Signature]
(signature of applicant listed in Section 4, Question 1)

State of ARIZONA County of MARICOPA



The foregoing instrument was acknowledged before me this

6 of MARCH, 2015
Day Month Year

[Signature]
signature of NOTARY PUBLIC

My commission expires on: _____
Day Month Year

15 MAR 6 11:41 PM

